

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1957

State File No. 39866

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 111		PRIMARY REG. DIST. NO. 4183		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Pacific		c. LENGTH OF STAY (in this place) 23 yrs		c. CITY OR TOWN Pacific		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Corbett Nursing Home				e. STREET ADDRESS (If rural, give location) 0360			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) G		c. (Last) Gollhofer		4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED		8. DATE OF BIRTH Feb 21, 1873	
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days		10. IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Gollhofer		13b. MOTHER'S MAIDEN NAME Caroline Osserfort		14. NAME OF HUSBAND OR WIFE Ann Gollhofer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-18-9257		17. INFORMANT'S SIGNATURE OR NAME Leo Gollhofer (son)		ADDRESS Pacific Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-vascular Renal disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stalling the underlying cause last. DUE TO (b) Arterio-sclerosis, hypertension, atherosclerosis DUE TO (c) Hypertrophic prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/5/1951, 19___, to 11/7, 1957, that I last saw the deceased alive on 11/7, 1957 and that death occurred at ___ m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. J. E. Baker M.D.		(Degree or title)		23b. ADDRESS Pacific Mo		23c. DATE SIGNED 11/8/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 10 '57		24c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery		24d. LOCATION (City, town, or county) Pacific Mo.	
DATE REC'D BY LOCAL REG. Nov. 9-57		REGISTRAR'S SIGNATURE Mary B. Gross		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. John L. Shuck		ADDRESS Pacific Mo.	

(Licensed Embalmer's Statement on Reverse Side)

---

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Ralph Altman*

Licensed Embalmer No. *4808*.....

P. O. Address *Union, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.